

# Town of Manchester, Connecticut

BENEFIT	High Deductible Health Plan/ Health Savings Account		BENEFIT	High Deductible Health Plan/ Health Savings Account
<b>Costshares</b>	<b>Health Savings Account</b>		<b>Inpatient Hospital</b>	<b>Health Savings Account</b>
	Deductible - \$2,000/\$4,000		General/Medical/Surgical/ Maternity (Semi-private)	<b>Pre-cert only for Out-of-Network</b>
	Coinsurance - 100% after plan deductible met \$4,000/\$8,000 out of pocket maximum			Covered 100% after plan deductible met
			Ancillary Services	Covered 100% after plan deductible met
			Medication, Supplies	
	Employer Contribution		Psychiatric	Covered 100% after plan deductible met
	\$1,000 single coverage			Unlimited days
	\$2,000 double or family coverage			
			Substance Abuse/Detox	Covered 100% after plan deductible met
				Unlimited days
			Skilled Nursing/Rehabilitation	Covered 100% after plan deductible met
	Lifetime Maximum In-Network - Unlimited		Facility	Covered up to 180 days per calendar year
	Lifetime Maximum Out-Of-Network - Unlimited			
<b>Preventive Care</b>			Hospice	Covered 100% after plan deductible met
Pediatric	Covered			
			<b>Outpatient Hospital</b>	
Adult	Covered		Outpatient Surgery	Covered 100% after plan deductible met
			Facility Charges	(Prior Authorization Required)
Hearing	Covered		Diagnostic Lab & X-ray	Covered 100% after plan deductible met
	Screening part of physical exam			
Gynecological	Covered		Pre-Admission Testing	Covered 100% after plan deductible met
<b>Medical Services</b>			<b>Other Services</b>	
Medical Office Visit	Covered 100% after plan deductible met		Durable Medical Equipment	Covered 100% after plan deductible met
Outpatient PT/OT/ST/Chiro.	Covered 100% after plan deductible met		Prosthetics	Covered 100% after plan deductible met
	60 Combined Days			
	per calendar year per member		Home Health Care	Covered 100% after plan deductible met
Allergy Services	Covered 100% after plan deductible met			Unlimited days
				(Prior Authorization Required)
Diagnostic Lab & X-ray	Covered 100% after plan deductible met		Vision	Covered 100% after plan deductible met
				Covered once every 24 months
Inpatient Medical Services	Covered 100% after plan deductible met		Prescriptions	Covered 100% after plan deductible met
			(Coverage through Cigna)	
Surgery Fees	Covered 100% after plan deductible met		* All benefits listed are for In-Network. For Out-of-Network benefits, please refer to your Employee Benefit Summary.	
Office Surgery	Covered 100% after plan deductible met		** Plan is Non-Gatekeeper. No referrals are required. No primary care physician is required.	
Outpatient MH/SA	Covered 100% after plan deductible met		INFERTILITY: Coverage is subject to a \$5,000 lifetime maximum	
<b>Emergency Care</b>			ELIGIBILITY: Dependent children to age 25; effective July 1, 2010 dependent children covered to age 26 for medical and prescription plans due to the passing of the Health Care Reform Act of March 30, 2010.	
Emergency Room	Covered 100% after plan deductible met			
Urgent Care	Covered 100% after plan deductible met			
Ambulance	Covered 100% after plan deductible met			